U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number ' U - 13707	2. Fiscal Year Covered From:
The Name of 1000	
	1 / 1 / 2009 Through: 12 / 31 / 2009
Name and address of person filing.	Name, file number, and address of labor organization.
Name Jimmy F Haynes	Name Rochester Laborers Local 435
	Labor Organization File Number 027-498
	Sembler to American American
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 165 Bracks Ave.	Street 20 Farth St.
Rochester	City Rochester
State New York ZIP Code + 4 14619	State New York ZIP Code + 4 14609
Position in labor organization. Fxecutive Board Member	
T ACCOUNT TOTAL	
(except as specified in the except as interest in engaged in transactions (including loans) with o	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent.
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(except as specified in the except as specified in the except and interest in, engaged in transactions (including loans) with, connectary value from an employer whose employees your organization. The undersigned declares, under penalty of submitted in this seport (including trade name, if any). Value	clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information inlying documents), has been examined by the signatory and is, to the best of the
(except as specified in the except as specified in the except and interest in, engaged in transactions (including loans) with, chonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 Signature and verification. The undersigned declares, under penalty	clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information inlying documents), has been examined by the signatory and is, to the best of the
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Name of Person Filing JIMMY HAYNES	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name ROCHESTER LABORERS TRAINING & APPRENTICE FND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 20 FOURTH ST City ROCHESTER State New York ZIP Code + 4 [14609]	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. LABORERS TRAINING & APPRENTICE FUND PROMOTES THE CONSTRUCTION INDUSTRY, IMPROVES JOB OPPURTUNITIES, LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 1/16-1/24/2004 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO TRI-FUND CONFERENCE ORLANDO FLORIDA. 12.b. Amount. \$3,525
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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Name of Person Filing JIMMY	HAYNES	File Number U-
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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ROCHESTER LABORERS EMPLOYERS COOPERATIVE TRS	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 20 FOURTH ST	c. Employer	
City ROCHESTER		
State New York ZIP Code + 4 14609		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	ROCHESTER EMPLOYERS COOPERATIVE EL PROVIDES EDUCATION AND TRAINING ON RELATED TOPICS TO MEMBERS OF LABOR	CONSTRUCTION
Trade Name, if any:	REDATED TOPICS TO MEMBERS OF EABOR	ERS' LOCAL 435.
P.O. Box, Bidg., Room No., if any		,
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	2/9-2/10/2004	
	REIMBURSEMENT OF EXPENSES AND PROVENENT FOR TRAVEL TO NYS ROAD IMPROVEMENT	
	ALBANY NEW YORK.	CONTERENCE IN
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	The state of the s	
	B TO THE PROPERTY OF THE PROPE	
	12.b. Amount,	\$648

Name of Person Filing JIMMY	HAYNES	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ROCHESTER LABORERS TRAINING & APPRENTICE FND	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 20 FOURTH ST	c. Employer	
City ROCHESTER		
State New York ZIP Code + 4 14609		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	LABORERS TRAINING & APPRENTICE FUN CONSTRUCTION INDUSTRY, IMPROVES JO	
Trade Name, if any:	LABOR-MANAGEMENT RELATIONS, AND TH THE PUBLIC REGARDING THE CONSTRUCT	E KNOWLEDGE OF
P.O. Box, Bldg., Room No., if any		
Street		į
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	Control de la Colonia de Control	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	2/12-2/15/2004 REIMBURSEMENT OF EXPENSES AND PROV	TOTOM OF DED DIEM
	FOR TRAVEL TO BLACK MEN IN UNIONS	
	DEARBORN, MI.	
	1 2	

Name of Person Filing JIMMY	HAYNES	File Number U-	

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ROCHESTER LABORERS TRAINING & APPRENTICE FND	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 20 FOURTH ST	c. Employer	
City ROCHESTER		
State New York ZIP Code + 4 14609		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	LABORERS TRAINING & APPRENTICE FUND PROMOTES TO CONSTRUCTION INDUSTRY, IMPROVES JOB OPPURTUNIT LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE.	IES,
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	3/5/04 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER FOR TRAVEL TO NYS QUARTERLY APPRENTICE MEETING NIAGRA FALLS, NY.	1
	12.b. Amount.	\$266

Name of Person Filing JIMMY	HAYNES	File Number U-

8. Name and address of Business (included)	uding trade name, if any).	9. Business deals with:	
Name ROCHESTER LABORERS TR. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 20 FOURTH ST City ROCHESTER	AINING & APPRENTICE FND	a. Labor Organization b. Trust c. Employer	
State New York	ZIP Code + 4 14609		
10. If 9.b. or 9.c. is checked give trust or er	mployer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		LABORERS TRAINING & APPRENTICE FUN CONSTRUCTION INDUSTRY, IMPROVES JO LABOR-MANAGEMENT RELATIONS, AND TH THE PUBLIC REGARDING THE CONSTRUCT	B OPPURTUNITIES, E KNOWLEDGE OF
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received. 3/17/04 REIMBURSEMENT OF EXPENSES AND PROV FOR TRAVEL TO NYS QUARTERLY APPREN NIAGRA FALLS, UPSTATE NY LABORERS SYRACUSE NY.	TICE MEETING
		12.b. Amount.	\$265

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Name of Person Filing JIMMY	HAYNES			File Number	· U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ROCHESTER LABORERS TRAINING & APPRENTICE FND Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street 20 FOURTH ST	c. Employer
City ROCHESTER	
State New York ZIP Code + 4 14609	
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	LABORERS TRAINING & APPRENTICE FUND PROMOTES THE CONSTRUCTION INDUSTRY, IMPROVES JOB OPPURTUNITIES, LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. 4/27-4/28/04 REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO GLENMONT CAREERS DAY ALBANY, NY.
	12.b. Amount. \$647

Name of Person Filing JIMMY	HAYNES	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ROCHESTER LABORERS TRAINING & APPRENTICE FND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 20 FOURTH ST City ROCHESTER	a. Labor Organization b. Trust c. Employer	
State New York ZIP Code + 4 14609		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	LABORERS TRAINING & APPRENTICE FUN CONSTRUCTION INDUSTRY, IMPROVES JO LABOR-MANAGEMENT RELATIONS, AND TH THE PUBLIC REGARDING THE CONSTRUCT	B OPPURTUNITIES, E KNOWLEDGE OF
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
Section and the section of the secti	12.a. Nature of interest held or income received.	
	5/5-5/6/04 REIMBURSEMENT OF EXPENSES AND PROVE FOR TRAVEL TO MOHAWK VALLEY CAREER DAY, ROME, NY.	
	12.b. Amount.	\$589

8. Name and address of Business (including	g trade name, if any).	9. Business deals with:	
Name ROCHESTER LABORERS TRAIN	ING & APPRENTICE FND	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 20 FOURTH ST		c. Employer	
City ROCHESTER			
State New York Z	ZIP Code + 4 14609		
10. If 9.b. or 9.c. is checked give trust or emplo	ver's name.	11.a. Nature of such dealing.	
Name [LABORERS TRAINING & APPRENTICE FUN CONSTRUCTION INDUSTRY, IMPROVES JO LABOR-MANAGEMENT RELATIONS, AND TH	B OPPURTUNITIES,
Trade Name, if any:		THE PUBLIC REGARDING THE CONSTRUCT	ION TRADE.
P.O. Box, Bldg., Room No., if any			
Street			,
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		5/19-5/20/04	
		REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM	
		FOR TRAVEL TO WESTERN NEW YORK SAFETY COUNCIL, GRAND ISLAND, NY.	
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		ar accionate	
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		401	
		12.b. Amount.	\$676

Name of Person Filing JIMMY	HAYNES	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ROCHESTER LABORERS TRAINING & APPRENTICE FND	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 20 FOURTH ST	c. Employer	
City ROCHESTER		
State New York ZIP Code + 4 14609		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	LABORERS TRAINING & APPRENTICE FUN CONSTRUCTION INDUSTRY, IMPROVES JO LABOR-MANAGEMENT RELATIONS, AND TH	B OPPURTUNITIES,
Trade Name, if any:	THE PUBLIC REGARDING THE CONSTRUCT	1
P.O. Box, Bldg., Room No., if any		
Street		
City	The state of the s	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	5/25-6/1/04	
	REIMBURSEMENT OF EXPENSES AND PROVISION OF PER DIEM FOR TRAVEL TO COALITION OF BLACK TRADE UNIONISTS,	
	ATLANTA, GA.	RADE UNIONISIS,
	The state of the s	
	PRESIDENCE	
	12.b. Amount.	\$2,509

Name of Person Filing JIMMY	HAYNES	File Number U-

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ROCHESTER LABORERS TRAINING & APPRENTICE FND	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 20 FOURTH ST	c. Employer	
City ROCHESTER		
State New York ZIP Code + 4 14609		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such clealing.	
Name	LABORERS TRAINING & APPRENTICE FUN CONSTRUCTION INDUSTRY, IMPROVES JO	I
Trade Name, if any:	LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE:	
P.O. Box, Bldg., Room No., if any		-
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	7/20-7/22/04 REIMBURSEMENT OF EXPENSES AND PROV	
	FOR TRAVEL TO NEW ENGLAND REGIONAL CONFERENCE, UNCASVILLE, CT.	
		4 state
	The state of the s	A CANADA MANAGA
		ASSESSED TO THE PROPERTY OF TH
	\$ 1.00 mm	
	12.b. Amount.	\$1,543

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Name of Person Filing JIMMY	HAYNES	File Number U-

8. Name and address of Business (including frade name, if any).	9. Business deals with:	
Name ROCHESTER LABORERS TRAINING & APPRENTICE FND	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 20 FOURTH ST	c. Employer	
City ROCHESTER		
State New York ZIP Code + 4 14609		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	LABORERS TRAINING & APPRENTICE FUN CONSTRUCTION INDUSTRY, IMPROVES JO	B OPPURTUNITIES,
Trade Name, if any:	LABOR-MANAGEMENT RELATIONS, AND THE KNOWLEDGE OF THE PUBLIC REGARDING THE CONSTRUCTION TRADE.	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	7/24-7/30/04 REIMBURSEMENT OF EXPENSES AND PROV FOR TRAVEL TO GEORGE MEAMEY WEEK I	Ţ.
	12.b. Amount.	\$4,154

Name of Person Filing JIMMY	HAYNES	File Number U-
	Bart P. Continuation Page	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ROCHESTER LABORERS TRAINING & APPRENTICE FND	a. Labor Organization	
Trade Name, if any:	<u>E</u> S	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 20 FOURTH ST	c. Employer	
City ROCHESTER		
State New York ZIP Code + 4 14609		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	LABORERS TRAINING & APPRENTICE FUN	4
	CONSTRUCTION ENDUSTRY, IMPROVES JO LABOR-MANAGEMENT RELATIONS, AND TH	1 1
Trade Name, if any:	THE PUBLIC REGARDING THE CONSTRUCT	ION TRADE.
P.O. Box, Bldg., Room No., if any	The state of the s	
Street	*	
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State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	12/6/2004	10101 00 000
	REIMBURSEMENT OF EXPENSES AND PROVISION OF FER DIEM FOR TRAVEL TO UFSTATE NEW YORK TRAINING CONFERENCE	
	IN SYRACUSE, NY.	
	The state of the s	***************************************
		, eftichterrand
	12.b. Amount.	\$265

ATTACHMENT TO FORM LM-30

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.